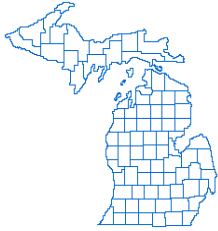


InterCare Community Health Network (Sparta & Pullman)



2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

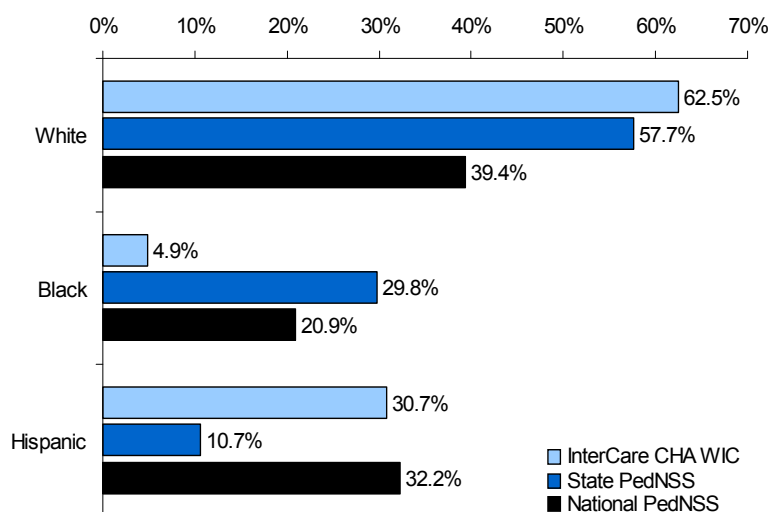
The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Prior to 2000, present day InterCare CHN (S&P) was composed of three separate agencies: InterCare Community Health Network, Sparta Health Center, and Pullman Health Systems. In this report, InterCare CHN statistics prior to 2000 were calculated using data from all three agencies.

InterCare Community Health Network [Sparta & Pullman] (InterCare CHN (S&P)) is the sole provider of WIC services in Allegan, Cass, Ottawa, and Van Buren counties. It also provides services to Berrien and Kent counties. Among the 88,677 infants and children under the age of five years in the area (7.3% of residents), 12.3% lived in poverty. Approximately of 12,265 of Michigan WIC participants under the age of five years old were served by InterCare CHN (S&P) in 2003. PedNSS data about infants and children served by InterCare CHN WIC showed:

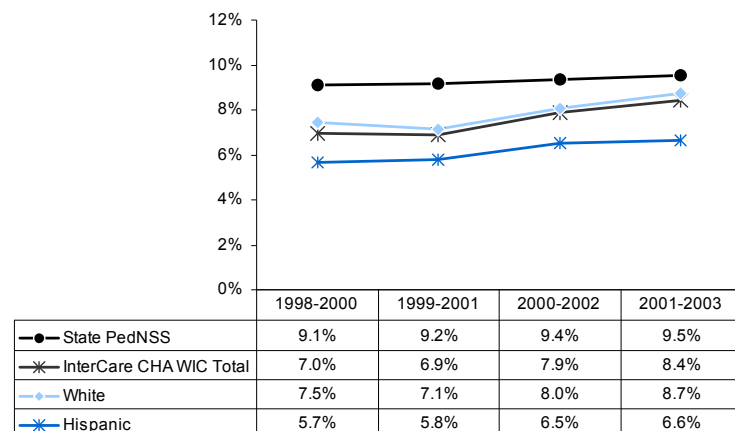
- The overall prevalence of low birthweight in 2001-2003 was 8.4%.
- 9.3% of infants had a high birthweight.
- Short stature was slightly more prevalent among InterCare CHN (S&P) infants and children under five years old than their state peers.
- Only 4.4% of infants and children under five years old were underweight.
- Approximately one third of children two to five years old were either overweight or at risk of overweight.
- One in ten infants and children under five years old have iron deficiency anemia.
- Over half, 58.4%, of InterCare CHN (S&P) infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Over 90% of InterCare CHN (S&P) infants and children under five years old were either White or Hispanic.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the InterCare Community Health Network (Sparta & Pullman) WIC Agency, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Between 1999-2001 to 2001-2003 the prevalence of low birthweight infants at InterCare CHN (S&P) increased by 22%.

The prevalence of infants ever breastfed was consistently higher in Hispanic infants of InterCare CHN (S&P) compare to other racial/ethnic groups in the agency.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the InterCare Community Health Network (Sparta & Pullman) WIC Agency, 1998-2003 PedNSS

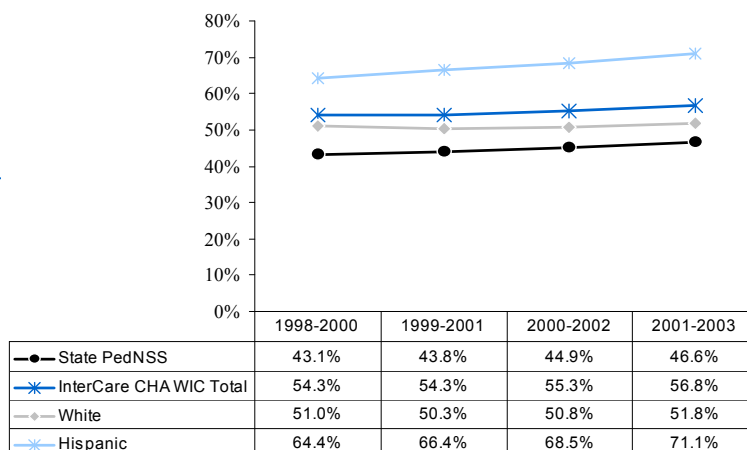
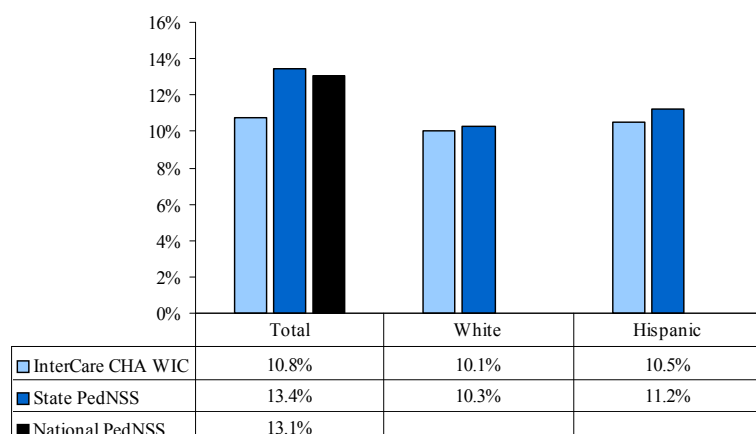


Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

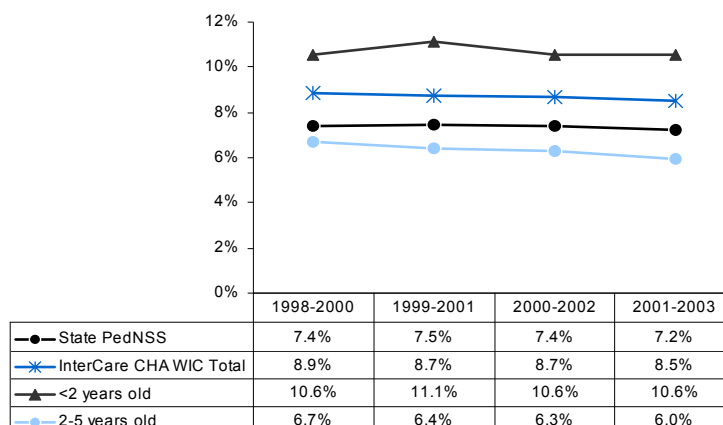


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Compared to their state and national peers, InterCare CHN (S&P) infants and children had a lower prevalence of iron deficiency anemia.

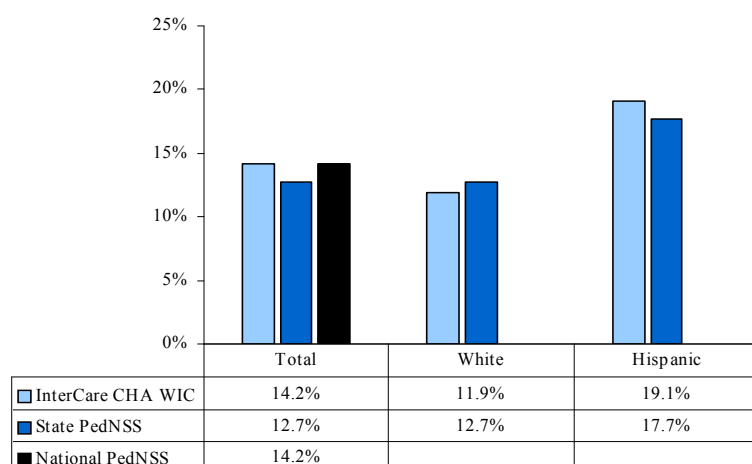
The greatest observed decline, 10.4% since 1998-2000, in short stature was among InterCare CHN (S&P) children age two to five years old.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS

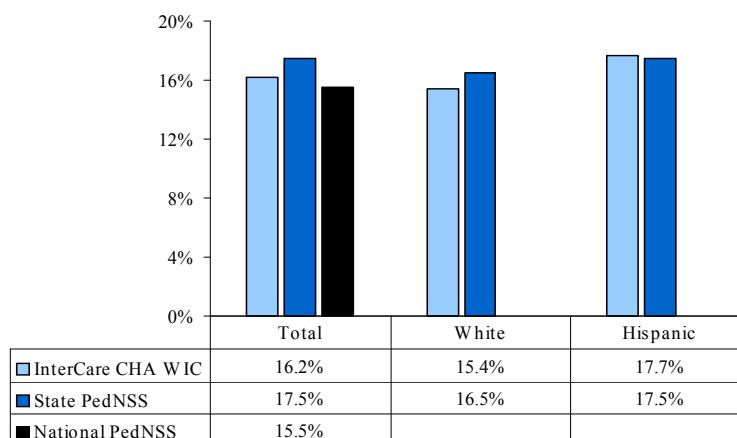


*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Approximately one in five Hispanic children in InterCare CHN (S&P) were overweight.

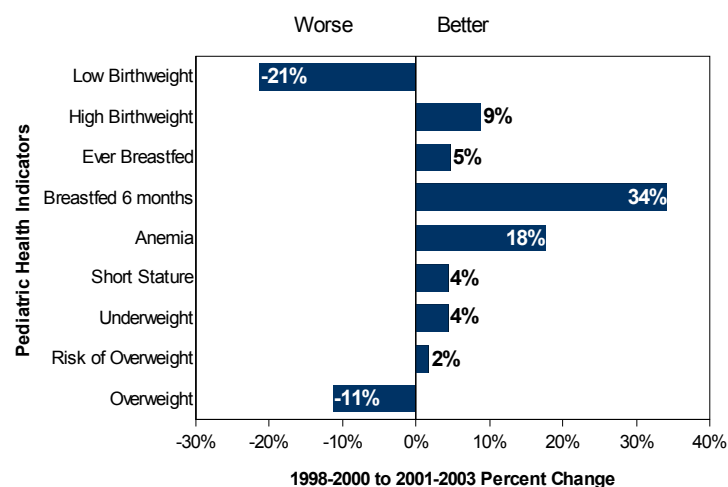
Hispanic two to five years old of InterCare CHN (S&P) also had a higher prevalence risk for overweight compared to White children.

Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for InterCare Community Health Network (Sparta & Pullman) WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



InterCare CHN (S&P) made improvements in seven of nine health and nutritional indicators since 1998.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.